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PTO/SB/21 (08-03)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Application Number 10/560,770 Filing Date June 7, 2006 First Named Inventor Itaru Tanimura, et al Art Unit 3622 Examiner Name Uber, Nathan C.

Total Number of Pages in This Submission 352738.00800 18 Attorney Docket Number ENCLOSURES (check all that apply) After Allowance Communication to Fee Transmittal Form ☐ Drawing(s) Group Appeal Communication to Board of Licensing-related Papers Fee Attached Appeals and Interferences Petition Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): Request for Refund Return Postcard Express Abandonment Request CD, Number of CD(s) ____ Information Disclosure Statement Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Doyle B. Johnson (Reg. No. 39,240) REED SMITH LLP Individual name Signature Date

CERTIFICATE OF MAILING

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Typed or printed name Norma E. Gillespie

Signature Norma E. Gillespie Date July 23, 2009

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)

Complete if Known				
Application Number	10/560,770			
Filing Date	June 7, 2006			
First Named Inventor	Itaru Tanimura, et al			
Examiner Name	Uber, Nathan C.			
Art Unit	3622			
Attorney Docket No	352738.008001			

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)							
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None					3. ADDITIONAL FEES							
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Account 50-2603 Number					1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
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☐ Charge any additional fee(s) during the periodricy of this application						1251	120	2251	60	Extension for reply within first month		
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*or number previously paid, if greater; For Reissues, see above					*Redu	ced by Ba	isic Filing	Fee Pa	id SUBTOTAL (3) (\$).			
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SUBMIT	TED BY										Complete (if applicable)	```
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1	SUBMITTED BY		Complete (if applicable)			
I	Name (Print/Type)	Doyle B, Johnson	Registration No. (Attorney/Agent)	39,240	Telephone	415-659-5969
Į	Signature	hM11/9 //			Date	July 23, 2009

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